

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**03-008**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**RECEIVED**

4. PROPOSED EFFECTIVE DATE  
April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$0  
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A  
Pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6-A  
Pages 1 & 2

*Washington (03-008)*  
*approved: 07/11/03*  
*effective: 04/01/03*

10. SUBJECT OF AMENDMENT:

SSI Income Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Dennis Braddock*

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE:  
Secretary

15. DATE SUBMITTED:

*5/14/03*

16. RETURN TO:

Ann Myers  
Department of Social and Health Services  
Medical Assistance Administration  
925 Plum St SE MS: 45533  
Olympia, WA 98504-5533

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
**MAY 16 2003**

18. DATE APPROVED:  
**JUL 11 2003**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*APR - 1 2003*

20. SIGNATURE OF REGIONAL OFFICIAL:

*/s/*

21. TYPED NAME:

*Karen S. O'Connor*

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

**Division of Medicaid &  
Children's Health**

*5/15 Olympia*

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS  
July 1, 2002

	Gross Income Level	Standard	SSI Benefit	State Supplement
<b>Statewide Standard - Living Alone/1</b>				
Individuals:	\$1,656	\$552	\$552	\$0
Couples:				
1. Both individuals eligible:	2,487	829	829	0
2. Eligible individual w/one essential person on rolls before 1/1/74	2,487	829	829	0
3. Eligible individual with ineligible spouse enrolled after 1/1/74	1,656	652	552	100

/1: Living alone includes room and board living arrangements.

**Statewide Standard - Shared Living (Supplies housing):**

Individuals:	\$1,104	\$368	\$368	\$0
Couples:				
1. Both individuals eligible:	2,487	829	829	0
2. Eligible individual w/one essential person on rolls before 1/1/74	1,995	665	665	0
3. Eligible individual with ineligible spouse enrolled after 1/1/74	1,104	468	368	100

TN#: 03-008  
Supersedes  
TN#: 02-018

Approval Date: \_\_\_\_\_

Effective Date: 4/1/03

REVISIONS

SUPPLEMENT 6 TO ATTACHMENT 2.6-A  
PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS  
July 1, 2002

	Gross Income Level	Standard	SSI Benefit	State Supplement
<b>Statewide Standard - Other Living/1:</b>				
Individuals	\$1,656	\$1,656	\$552	\$0

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities).

TN#: 03-008  
Supersedes  
TN#: 02-018

Approval Date: \_\_\_\_\_

Effective Date: 4/1/03